FORM D

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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	HUVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated aver	age burden
hours per respo	nse16.00

SEC USE ONLY					
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CALL CALL EL CALL CALL CALL CALL CALL CA	
Name of Offering Check if this is an amendment and name has changed, and indicate change.)	
Value Equity Fund Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	1,0200
A. BASIC IDENTIFICATION DATA	-
1. Enter the information requested about the issuer	06061863
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Value Equity Fund, a series of Principal Capital Trust	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
801 Grand Avenue, Des Moines, IA 50392	1-800-533-1390
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Same as Executive Offices	Same as Executive Offices
Brief Description of Business	
	PROCESSED
Type of Business Organization	PHUILEOULD
□ corporation □ limited partnership, already formed □ other (p ☑ business trust □ limited partnership, to be formed	olease specify): NOV 1 7 2006
Month Year Actual or Estimated Date of Incorporation or Organization: 0 6 9 9 Actual Estin Surisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	·.	A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	equested for the fol	llowing:			
 Each promoter of t 	the issuer, if the iss	suer has been organized w	ithin the past five years;		
·				of, 10% or more of	f a class of equity securities of the issuer.
			corporate general and mar		
			with better Better and the	inging partitions of	participant, and
each general and i	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Trustee of the Issuer
Full Name (Last name first, i McCaughan, James P.	f individual)				1411-1
Business or Residence Addre 801 Grand Avenue, Des	•	Street, City, State, Zip Co 92	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Trustee of the Issuer
Full Name (Last name first, i Dunbar, Timothy	f individual)			·•	·
<u> </u>	(N ! :	Carra Cir Carr 21 0	day		
Business or Residence Addre 801 Grand Avenue, Des	,	•	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	
Check Box(es) that Appry.	Flourotei	Beneficial Owner	Executive Officer	- Director	✓ Trustee of the Issuer
Full Name (Last name first, i Blake, David	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
801 Grand Avenue, Des I	Moines, IA 5039	32			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Trustee of the Issuer
Full Name (Last name first, i	f individual)				
Bogart, Jerald					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
801 Grand Avenue, Des			,		
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Principal Global Investor		al Owner of the Trust)			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
801 Grand Avenue, Des	Moines, IA 5039	92			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Lise blace	nk sheet or convanduse	additional conies of this s	heet as necessary	1

	•		. 47		B. 17	NFORMAT	ION ABOU	T OFFERI	NG				<u>,</u>
1.	Has the	iccuer cold	or does th	ne issuer ir	stend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ng?		Yes	No ☑
1.	rias inc	122001 2010	i, or does in			Appendix							_
2.	What is	the minim	um investn			pted from a						\$ <u>5,00</u>	0,000.00
,	D als	66:			- of a sing	le unit?						Yes ✓	No
 4. 					_						irectly, any	U	ب
-	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass me of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	urities in t EC and/or			
Ful N/	•	Last name	first, if indi	vidual)							•		
		Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)						
			oker or De			** · · · · · · ·							
Nai	me of Ass	sociated Br	oker or De	aier									
Sta						to Solicit							
	(Check	"All States	" or check	individual	States)		***************************************	***************************************				Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if ind	ividual)							,		
Bus	siness :or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·				
Naı	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				·····		
	(Check	"All States	" or check	individual	States)				••••••		••••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)				•					
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler									,
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		<u></u>				
	(Check	"All States	" or check	individual	States)					•••••••••••••••••••••••••••••••••••••••		☐ AI	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*} The Investment Manager reserves the right to accept smaller participations.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \prod and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Common Preferred Convertible Securities (including warrants)......\$ Partnership Interests\$_ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors ______5 9,348,845.23 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. **Dollar Amount** Type of Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is

Accounting Fees S
Engineering Fees S
Sales Commissions (specify finders' fees separately)

\$ ______

Other Expenses (identify) S 0.00

^{*}Expenses are borne by the Investment Manager

GIOFFERINGERIGE NUM	BER OF INVESTORS EXPENSES AND USE OF P	ROCEEDS !	
b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	:	sN/A
Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
		Payments Officers, Directors, Affiliates	& Payments to
Salaries and fees	[s <u>`</u>	D\$
Purchase of real estate	[s <u>'</u>	
Purchase, rental or leasing and installation of made and equipment		s	
Construction or leasing of plant buildings and fac-	cilities		[] S
Acquisition of other businesses (including the val offering that may be used in exchange for the assi issuer pursuant to a merger)	ets or securities of another	¬.s	□\$
Repayment of indebtedness			
Working capital			
Other (specify): Investments in securities		_ s	s
			s
Column Totals		_ s <u>* '</u>	s <u>*</u>
Total Payments Listed (column totals added)	*		s <u>*</u>
ne issuer has duly caused this notice to be signed by the gnature constitutes an undertaking by the issuer to fue information furnished by the issuer to any non-acc	e undersigned duly authorized person. If this notice rnish to the U.S. Securities and Exchange Commis	e is filed unde ssion, upon w	r Rule 505, the followi
suer (Print or Type) lue Equity Fund, a series of Principal Capital Trust	Signature	Date 10	106
and the man	Title of Signer (Print or Type)		
ame of Signer (Print or Type)			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)